

Practitioner's Docket No.: 1370.01

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jim Sowerwine )

Serial No.: 09/683,595 )

Filed: 01/23/2002 )

For: Golf Swing Practice Device )

) ) ) ) ) ) )

Art Unit: 3711

Examiner: Alvin A. Hunter

Faxed to Technology Center 3700 at (703) 872-9302  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**FAX RECEIVED**  
JUL 23 2003  
**GROUP 3700**

**PRELIMINARY AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is an independent inventor. A statement was already filed.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**CERTIFICATE OF FACSIMILE TRANSMISSION**

(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this Preliminary Amendment is being transmitted by facsimile to the United States Patent and Trademark Office, Technology Center 3700, Attn: Alvin A. Hunter at (703) 872-9302 on July 23, 2003.

Dated: July 23, 2003

  
Deborah Preza

(Amendment Transmittal—page 1)

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	8	Minus	20	= 0	x \$9 =	\$0
Indep.	1	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$140 =	\$0
Total						Addit. Fee \$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

**FEE DEFICIENCY**

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.  
 If any additional fee for claims is required, charge Deposit Account No. 500745.

  
 SIGNATURE OF PRACTITIONER

Reg. No. 28,761  
 Tel. No.: (727) 507-8558

Ronald E. Smith  
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 15950 Bay Vista Drive, Ste. 220  
 Clearwater, FL 33760

(Amendment Transmittal—page 2)

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**Introductory Comments**

The attached Preliminary Amendment is filed as a part of a Request For Continued Examination filed 05/21/2003 and replaces the Preliminary Amendment filed on said date as required by the Office Action mailed 07/16/2003, having a shortened statutory period for response set to expire 08/16/2003.

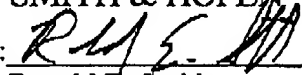
Amendments to the specification are attached hereto as a separate paper.

Amendments to the claims are attached hereto as a separate paper.

Remarks are attached hereto as a separate paper.

Very respectfully,

SMITH & HOPEN

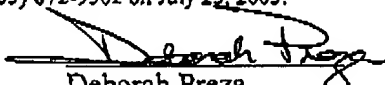
By:   
Ronald E. Smith  
15950 Bay Vista Drive, Suite 220  
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Attorneys for Applicant

Dated: July 23, 2003

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